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TO: Commissioner for Patents

COMPANY:  
USPTO

FAX NUMBER:  
703.872.9306

PHONE NUMBER:

RE: Preliminary Amendment

FROM: Gregory L. Bradley, Esquire

DATE:  
12/20/2004

TOTAL NO. OF PAGES INCLUDING COVER:  
6

SENDER'S REFERENCE NUMBER:  
VI/99-021.D

YOUR REFERENCE NUMBER:  
U.S. Serial No. 10/619,265

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☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

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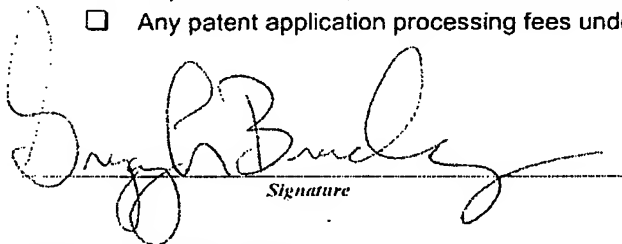
NOTES/COMMENTS:

PLEASE CONFIRM RECEIPT VIA RETURN FACSIMILE

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One Medrad Drive  
Indianola, PA 15051-0780  
United States of America



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>VI/99-021.D</b>											
Applicant(s): <b>SCIULLI, et al.</b>																
Application No. <b>10/619,265</b>	Filing Date <b>7/14/2003</b>	Examiner <b>TBA</b>	Customer No. <b>21140</b>	Group Art Unit <b>3763</b>	Confirmation No. <b>7056</b>											
Invention: <b>FLUID DELIVERY SYSTEM HAVING A SYRINGE INTERFACE MODULE SEPARATE FROM BUT IN COMMUNICATION WITH A CONTROL UNIT</b>																
<u>COMMISSIONER FOR PATENTS:</u>																
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																
<b>CLAIMS AS AMENDED</b>																
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE											
TOTAL CLAIMS	48 -	42 =	6 x	\$18.00	\$108.00											
INDEP. CLAIMS	4 -	3 =	1 x	\$86.00	\$86.00											
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00											
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$194.00</b>											
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 13-2530 in the amount of \$194.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.																
 Gregory L. Bradley, Esquire MEDRAD, INC. One Medrad Drive Indianola, PA 15051			Dated: 12/20/2004  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				Signature of Person Mailing Correspondence				Typed or Printed Name of Person Mailing Correspondence	
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P11LARGE/REV07

Atty. Docket No.: VI/99-021.D

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DEC 20 2004

In re Application of:

SCIULLI. et al.

Serial No.: 10/619,265

Filed: July 14, 2003

For: FLUID DELIVERY SYSTEM HAVING A  
SYRINGE INTERFACE MODULE SEPARATE  
FROM BUT IN COMMUNICATION WITH  
A CONTROL UNIT

Art Unit: 3763

Examiner:

PRELIMINARY AMENDMENTCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please enter the following amendments prior to the examination of this  
application.